

**Building Department
Accessory Apartment Check List**

NAME: _____ ADDRESS: _____

HEARING DATE: _____ RB#: _____ IF REAPPLYING - PREVIOUS RB#: _____

TAX MAP NUMBER _____

TO BE SUBMITTED WITH APPLICATION

- 1. Application in triplicate _____
- 2. Floor Plans of entire house, 3 sets _____
- 3. Property Survey, 5 copies _____
- 4. Current Tax Bill _____
- 5. Declaration of Covenant _____
- 6. Deeds or Certificate of Title _____
- 7. Inspection Affidavit _____
- 8. Copies of all CO's, CEU's, CZC's for subject premises _____
- 9. Disclosure Affidavit _____
- 10. Photographs of subject dwelling & premises _____
- 11. Application Fee: Initial Application: \$150
5 year Renewal: \$250
1st Reapplication: \$300
2nd Reapplication: \$500
- 12. Certificate of Structures Form _____
- 13. Violations: Bldg. _____ Law _____ Waste Mgmt. _____

TO BE SUBMITTED BY INSPECTOR

- 1. Building Inspection Card _____

ADDITIONAL APPROVALS

- 1. Electrical Certificate _____
- 2. Lead Test _____
- 3. Board of Zoning Appeals _____
- 4. NYS Board of Review _____
- 5. Board of Health (If required) _____

TO BE ISSUED BY THE BUILDING DEPARTMENT

- 1. Building Permit _____
- 2. Certificate of Occupancy _____

COMMENTS: _____

GENERAL INFORMATION & INSTRUCTIONS
FOR A SPECIAL PERMIT FOR AN ACCESSORY APARTMENT

An application for a special permit for an accessory apartment is to be obtained from the Building Department. The completed application paperwork and the application fee are to be submitted **IN PERSON**. The applicant must submit the following **IN PERSON** to the Accessory Apartment Review Board in the Building Department:

- A. **APPLICATION** signed and notarized.
- B. **TWO SETS of FLOOR PLANS** of the **ENTIRE HOUSE**. Plans are to show rooms and their sizes, as well as ceiling heights (1st story, 2nd story, basement/cellar), size of all doors; windows must show clear opening size for emergency egress (see diagram on how measurements should be taken). All rooms are to be labeled. **PLANS TO BE REVIEWED BY PLANS EXAMINER PRIOR TO APPLICATION.**
- C. **FIVE COPIES** of your property **SURVEY to SCALE**
- D. Current **TAX BILL**. For a duplicate, call 451-9009 or visit the Tax Receiver's Office, One Independence Hill, Farmingville, New York
- E. Copy of all pages of your **RECORDED DEED**.
- F. **DECLARATION OF COVENANT** to be signed and notarized (attached).
- G. **INSPECTION AFFIDAVIT** to be signed and notarized (attached).
- H. **FEE of \$250**. If paying by check, it is payable to the Incorporated Village of Mastic Beach.
- I. Copies of all **CERTIFICATE(S) OF OCCUPANCY** issued for the subject premises.
- J. **DISCLOSURE AFFIDAVIT** to be signed (attached).
- K. **PICTURES** of house from front, rear, and sides as well as rear yard & front yard including driveway.
- L. **CERTIFICATION OF STRUCTURES FORM** – (attached)
- M. **ACCESSORY APARTMENT AFFIDAVIT**. (One for each homeowner)
- N. Copy of **Notice of Proposed Application** sent to all adjacent and contiguous property owners by certified mail-return receipt requested. Property owners and their addresses must be obtained from the Assessor's Office, One Independence Hill, Farmingville, New York 11738. **FORMS NOT AVAILABLE ON LINE**
- O. **Affidavit of Mailing** listing all adjacent and contiguous property owners as provided by the Assessor's Office. **FORMS NOT AVAILABLE ON LINE**
- P. **Green receipts, white receipts and undelivered envelopes** (if any) from the certificate mailing of the notices.

If and when your accessory apartment application is approved, a **BUILDING PERMIT MUST BE OBTAINED** by the applicant for the work to be done and/or the change of use to an accessory apartment.

The following are some of the requirements that must be met (time shall be allotted) in order to grant temporary Certificate of Occupancy for an accessory apartment:

- Q. The house must be owner-occupied.
- R. The premises of the applicant must have one on-site paved (asphalt or concrete) parking space per dwelling unit. Each parking space must have independent access to the roadway.
- S. The accessory apartment minimum size is 300 square feet and the maximum size is 40% of the total house habitable area, not to exceed 650 square feet. (See 85-201.B(3) for larger accessory apartment sizes under extenuating circumstances.)
- T. There shall be no more than one bedroom per accessory apartment. There shall be no more than one accessory apartment per lot.
- U. The dwelling and premises must comply with all applicable requirements of the New York State Uniform Fire Prevention and Building Code and the Village of Mastic Beach Code.
- V. Cellar apartments are permitted under certain circumstances, or with a variance from the N.Y. State Board of Review.

Upon receipt of the completed application, the Building Department will inspect the dwelling and premises, review the application and make recommendations to the Accessory Apartment Review Board. The Accessory Apartment Review Board will inform the applicant of such item(s) (if any) that must be complied with to bring the dwelling and/or premises up to State and Village codes. All such requirements must be met within 90 days from the date the building permit is issued.

A public hearing shall be held for each accessory apartment application before the Accessory Apartment Review Board. The date for the public hearing shall be set and the public shall be notified of such hearing in an official newspaper at least 5 days prior to the hearing. Applicants must notify all adjacent and contiguous property owners at least 12 days prior to such public hearing by certified mail-return receipt requested. All such notices will be provided to the applicant by the Building Department. **All applicants must be present at their public hearing.**

For further information, call the Building Department Monday through Friday, 9a.m.-4:30 p.m. or visit the Building Department Monday through Friday 9a.m.-4:30p.m.

Incorporated Village of Mastic Beach
Accessory Apartment Review Board
P.O. Box 521, 369 Neighborhood Rd., Mastic Beach, NY 11951

APPLICATION FOR TEMPORARY SPECIAL PERMIT FOR ACCESSORY APARTMENT

Date of Application: _____

In the matter of the Application of _____

Address: _____

Telephone Number:(Home) _____ (Business) _____

Location of Property as per survey: _____

Tax Map Number: _____ Tax Item Number: _____

Owner of fee title to land: _____

Address: _____

Petitioner's Attorney (if applicable): _____ Will Attorney/Agent represent you at this hearing?

Address: _____

Telephone Number: _____

State of New York }
County of Suffolk } SS:

_____ being duly sworn, deposes and say(s) that
(Owner's name)

reside(s) at _____

in the Town of _____, in the County of _____

and the State of _____, and that he is /are the owner(s) in fee of the premises described in the foregoing petition and the he has /have read the foregoing application and know(s) the contents thereof; that the same is true to his/her/their knowledge; and that he make(s) the foregoing petition for special permit for temporary Accessory Apartment and further that I/we will comply with all New York State Building Code Requirements and Village of Mastic Beach requirements pertaining to Temporary Special Permits for Accessory Apartments and will meet these standards within ninety (90) days of the granting of the permit or the permit will become null and void.

(Signature)

Sworn to before me this _____
_____ day of _____, 20____,

(Signature)

NOTARY PUBLIC

(SEAL)

Chairman, Accessory Apartment Review Board

___ DENIED ___ APPROVED Date: _____

ACCESSORY APARTMENT AFFIDAVIT

I, _____, as the owner of the premises

better known as _____, do hereby swear/affirm under the penalties of perjury that I am not a registered sex offender. I further swear/affirm that I am making such representations with full knowledge that the Village of Mastic Beach is relying on these statements as a basis for the issuance of a special permit and/or a Provisional Accessory Apartment License.

I further swear/affirm that should I ever register as a sex offender during the course of having a special permit and/or a Provisional Accessory Apartment License, I shall notify the Village of Mastic Beach Building Department within 10 days of said registration and I acknowledge that my permit and/or Provisional Accessory Apartment License will be deemed null and void immediately upon my registration as a sex offender.

I further acknowledge that the Village of Mastic Beach may submit a copy of this affidavit in any proceeding seeking to enforce any code, ordinance or regulation where it is alleged that I have breached a material representation made herein. I further acknowledge that I shall be liable for all direct and indirect costs incurred by the Village of Mastic Beach to obtain compliance and that costs shall be charged against the above referenced real property.

I have read this affidavit, had the opportunity to review it, and have retained a copy. I understand that the original affidavit will be made part of the permanent record of the accessory apartment application for the dwelling.

Signature of Owner: _____

Date of Birth: _____

Sworn to me this _____ day of

_____, 20__

7-2010

TAX MAP NUMBER _____

INCORPORATED VILLAGE OF MASTIC BEACH

369 Neighborhood Road, Mastic Beach, NY 11951

Phone 631-772-4368 • Fax 631-772-2432

**VILLAGE OF MASTIC BEACH
TRANSACTIONAL DISCLOSURE FORM
(Conflict of Interest Form)**

A Transactional Disclosure form is required when someone submits certain applications to the Village of Mastic Beach. The purpose of the disclosure is to alert the Village if a party of influence has an interest in this application or if someone within the Village who will participate in the decision has an interest. This Disclosure Form must be NOTARIZED.

***Note:** It is required that a copy of this form be sent to the Director of the Board of Ethics.

Name _____ Address _____

City _____ State ____ Zip _____

Telephone _____ Email _____ Fax _____

This form is for:

- An individual A partnership
- A corporation An association

Nature of Application:

- Tax Grievance for non-residential parcel
- Amendment
- Approval of Plat
- License or Permit affecting real property
- Variance
- Change of Zone
- Exemption from Plat or Official Map
- Bidding on contract(s)

Affected parcel (address) _____

Does any officer or employee of the Village of Mastic Beach, member of an executive committee of a political party, or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? Yes ____ No ____

If Yes, complete the appropriate section below.

If No, sign and date at end of form.

Please complete the following relevant section below:

For individual:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

For corporation:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded.

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

For partnership or association:

Interested Party:

Name _____ Address _____

City _____ State ____ Zip _____

Title _____ Department _____

Relationship to Public Officer/Employee and Title, if other than Self: _____

Yes ___ No ___ Does the owner hold greater than five percent (5%) interest of publicly traded shares?

Yes ___ No ___ The actual applicant,

Yes ___ No ___ An Officer, Director, Partner, or Employee of the applicant, or

Yes ___ No ___ Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

ALL APPLICANTS PLEASE FILL OUT BELOW:

Print Name _____ Date _____

Signature _____

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Notary Public)



INCORPORATED VILLAGE OF MASTIC BEACH
BUILDING DEPARTMENT

Existing Construction Affidavit

STATE OF NEW YORK }

SS:

COUNTY OF SUFFOLK }

I _____, being duly sworn, depose and state that the
(Owner)

existing _____
(name or description of structure)

located at Number _____ on the N S E W side of _____, at a
distance of _____ N S E W side of _____,

was constructed on or about _____ .
(date of construction)

I understand that the above information will be used to determine applicable codes in the review of my building plans and permit application.

- I have submitted the attached documentation to support the above statement.
- I am unable to submit documentation to support the above statement due to the following:
- The construction referenced above predates my ownership.
- Documentation is not available.

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)



INSPECTION AFFIDAVIT

I, _____, residing at

on this _____ day of _____, 20____, voluntarily provided my consent and permission to the Building Inspector as an employee of the Village of Mastic Beach, to enter the interior of the residence located at the premises designated, for the purpose of an inspection pursuant to the code of The Village of Mastic Beach, the New York State Building and Fire Prevention Code and the New York State Property Maintenance Code.

I have read and understand this consent form and swear that it is true.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK.

Signed: _____

Sworn to before me this ____ day
of _____, 20____

Notary Public

Incorporated Village of Mastic Beach

369 Neighborhood Road, Mastic Beach, NY 11951
631-281-2326
631-772-2432 Fax

Item# _____

SCTM# _____

AFFIDAVIT OF MAILING

PROPERTY OWNERS IMMEDIATELY ADJACENT & CONTIGUOUS TO THAT OF THE APPLICANT INCLUDING OWNER(S) OF PROPERTY SEPARATED FROM THAT OF THE APPLICANT(S) BY A PUBLIC ROAD OR RIGHT-OF-WAY:

FIRST AND LAST NAMES	ADDRESSES
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

I HEREBY CERTIFY that the above named persons are all property owners immediately adjacent and contiguous to that of the applicant(s) including owner(s) of property separated from that of the applicant(s) by a public road or right-of-way and that all those property owners were notified by certified mail-return receipt requested.

(Owner's Signature)

(Owner's Address)

Sworn to before me this ____ day of _____, _____.

Notary Public, County of _____

Department of Building

Incorporated Village of Mastic Beach

CERTIFICATION OF STRUCTURES FORM

The purpose of this form is to determine if there are any additions, modifications to the dwelling or accessory structures on the property, that have not previously been certified by the Village of Mastic Beach. Non-compliance will prevent you from receiving a Certificate of Occupancy or a Certificate of Compliance for work you are currently applying for.

Are there any accessory structures or additions constructed on the property that are not shown on the survey you are submitting with this permit application? Yes ___ No ___

Is there an apartment in any structure on the premises? Yes ___ No ___

Are there any covenants and restrictions on this property? Yes ___ No ___

Are there any Clearing Limits? Yes ___ No ___

Are there any Natural Buffers? Yes ___ No ___

If you have answered YES to any of the above questions, please check the item/s that are constructed on your property:

<input type="checkbox"/> Decks	<input type="checkbox"/> Swimming pools	<input type="checkbox"/> Sheds	<input type="checkbox"/> Detached Garages
<input type="checkbox"/> Finished Basements	<input type="checkbox"/> Porches/Screened Porches	<input type="checkbox"/> Additions	<input type="checkbox"/> Outside cellar entrances
<input type="checkbox"/> Gazebos	<input type="checkbox"/> Wood Platforms/Ramps	<input type="checkbox"/> Fireplaces	<input type="checkbox"/> Garage Conversions
<input type="checkbox"/> Fences	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Barn	<input type="checkbox"/> Other

Property Owner's Name: _____
Print or Type

Property Owner's Signature: _____ Date: _____

OR

Applicant's Signature: _____ Date: _____

Applicant's Address: _____

369 Neighborhood Road, Mastic Beach, NY 11951
631-772-4368
631-772-2432 Fax